### FORM D

PROCESSED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D



hours

JUL 28 2004

### NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
l l						
DATE RECEIVED						
	1					

Name of Offering ( check if this is an amendment an	d name has changed, and indicate change.)		
SF Parkway OSCP1 LLC Units	Offering		EIVED GAR
Filing Under (Check box(es) that apply): Rule 504	Rule 505 Rule 506 X Section 4(6)	☐ nrò€	E.
Type of Filing: New Filing Amendment		// JUL 2	© 2004
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer			-x-157
Name of Issuer ( check if this is an amendment and na	ame has changed, and indicate change.)	*C	
SF Parkway OSCP1 LLC		11/1	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number	(Including Area Code)
1266 West Paces Ferry Rd.,	#181, Atlanta, GA 30327	(678) 9	04-9400
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number	r (Including Area Code)
Brief Description of Business			
Real Property Investement (	single parcel)		
Type of Business Organization			
	ership, already formed		ited liability pany
Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization: (Enter two-			
CENERAL INSTRUCTIONS			

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION –

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Eack general and managing partner of partnership issuers.
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner  Ornstein, Matthew
Full Name (Last name first, if individual)
1266 West Paces Ferry Rd., #181, Atlanta, Georgia 30327
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Schuler, Frank
Full Name (Last name first, if individual)
1266 West Paces Ferry Rd., #181, Atlanta, Georgia 30327
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director K General and/or
Ornstein-Schuler Capital Partners LLC  Managing Partner
Full Name (Last name first, if individual)
1266 West Paces Ferry Rd., #181, Atlanta, Georgia 30327
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Tun maine (Dast name thist, it illustiqual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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1 Unath	is issues sol	d or does t	ha icenar i	ntand to sa	II to non a	oorodited i	nvactore i	this offer	ina?		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
2. What	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?								\$ 25	,119		
7	ر مر بري	•		55 4665	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Yes	No
3. Does t	Does the offering permit joint ownership of a single unit?								X			
comm If a pe or stat	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								he offering. with a state			
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individua	States)				•••••			☐ Al	l States
AL	ĀK	ĀZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	ĪN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
			1141				<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>				
Full Name	(Last name	first, if ind	ividual)									
Business of	or Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler									
	/hich Persor k "All State										- A1	l Etatas
(Cneci	K All State	s or eneck	individuai	States)	***************************************			***************************************		•••••	∐ Ai	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)									
				10	Y	a: 0.1)		<u></u>				
Business of	or Residence	e Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Checl	k "All State	s" or check	individual	States)					***************************************		☐ Al	l States
AL	ĀK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL NOT	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sum \) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$O	\$O
	Equity	s 0	\$ 0
	Common Preferred		
	Convertible Securities (including warrants)	\$ 0	<b>\$</b> 0
	Partnership Interests		s 0
	1imited liability Other (Specify <u>company units</u> )	s 2,265,849.8	8 \$ 3,266,849.88
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	35	\$3,266,849.88
	Non-accredited Investors	0	\$ <u> </u>
	Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$O
	Regulation A	N/A	\$ <u> </u>
	Rule 504	N/A	\$ <u> </u>
	Total	N/A	\$O
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<u>\$0</u>
	Printing and Engraving Costs		\$ <u>950</u>
	Legal Fees		<u>\$ 10,000</u>
	Accounting Fees		\$ 10,800
	Engineering Fees		\$ <u> </u>
	Sales Commissions (specify finders' fees separately)		\$ <u> </u>
	Other Expenses (identify)		\$
	Total		<u>\$ 21,750</u>

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C — Question 1

	and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted g proceeds to the issuer."		\$ <u>3,245,09</u> 9.88			
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted groceeds to the issuer set forth in response to Part C — Question 4.b above.	and				
		Payments to Officers, Directors, & Affiliates	Payments to Others			
	Salaries and fees	\$ 289,827.9	20 <u>s</u> 0			
	Purchase of real estate	s <u> </u>	\$ 2,898,279.00			
	Purchase, rental or leasing and installation of machinery and equipment	\$ 0	s <u></u>			
	Construction or leasing of plant buildings and facilities	S O	<u>      \$         0                     </u>			
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)					
	Repayment of indebtedness	s O	<u> </u>			
	Working capital	<u>s</u> 0	\$ <u></u> 0			
	Other (specify): Insurance on Real Property		\$ <u></u> 5,000			
	Real Property Purchase Transaction Costs	 	□ \$ <u>51,992.9</u> 8			
	Column Totals	[] \$ 289,827.9	20 [ \$ <u>2,955,27</u> 1.98			
	Total Payments Listed (column totals added)	<u>\</u> \$ <u>3</u> ,	\$ <u>3,245,099.8</u> 8			
	D. FEDERAL SIGNATURE	199				
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this no nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Con information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)	nmission, upon writte				
Iss	uer (Print or Type) Signature	Date				
SF	Parkway OSCPI LLC TICX as Conste	7/19/09	<del>/</del>			
Na	me of Signer (Print or Type)  Title of Signer (Print or Type)					
F	rank Schuler Promoter of SF Parkway OS	CP1 LLC				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)